

BRITISH MEDICAL ASSOCIATION.

SUBSCRIPTIONS FOR 1882.

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The British Medical Journal.

SATURDAY, AUGUST 5TH, 1882.

LEGAL OBLIGATIONS OF THE MEDICAL PROFESSION.

III.—ACTIONS FOR MALPRACTICE.

CIVIL or criminal actions against practitioners of medicine are, fortunately, not very common, but yet are sufficiently so to deserve attention—more especially as they frequently involve conditions of great hardship and personal injustice.

Much public interest, but no great professional importance, was attached to a recent conviction, in the Central Criminal Court, of Thomas Aikin Smyth, described as a medical student, for the manslaughter of the Reverend Mathew Campbell, occasioned by a want of skilful and careful treatment of him by the prisoner, for cancer in the tongue. The brief facts of the case are, that the wife of the patient, thinking this student was a legally qualified medical man, requested him to attend and treat her husband for this complaint. Smyth, however, although he attended and prescribed for him, omitted to duly attend the deceased, and treat him skilfully. Mrs. Campbell became so alarmed at the increased illness of her husband, that she sent for Dr. Channing-Pearce of Brixton Rise, who at once saw that the case was a very serious one; and the only chance of saving his life was to have an operation performed, which was accomplished, at St. Thomas's Hospital, by Mr. Sydney Jones, as it was thought to be the only means of relieving the patient from the dangerous condition in which he then was; but he died shortly afterwards, from extravasation of urine. Several medical men gave testimony that, up to a certain point, the prisoner's treatment of the deceased, whose malady was a complicated one, was scientific and reasonable. It also appears that this student had taken his degree of B.A. at Queen's University; and that he had afterwards devoted himself to the study of medicine by attending classes at the university. For some years, he had assisted his brother as surgeon in London, and had shown a fair knowledge of his profession; and had only been prevented from taking his diploma from not being able to bear the sights of the dissecting-room. The evidence in this case showed such gross negligent *malpraxis*, on the part of an unqualified practitioner, that there is no ground for either surprise or dissatisfaction with the verdict.

Neither from the reported arguments of counsel in this case, nor from the charge of Mr. Justice Manisty to the jury, do we gather any important or useful knowledge of the law of malpractice. This is, however, a subject of great concern, not only to the medical profession of this country, but to that of all other highly civilised nations, and particularly America; and we propose to point out the essential medico-legal bearings of this subject.

In the first place, it should be borne in mind, that every person who becomes a member of a learned profession undertakes, in the eye of the law, to bring to the exercise of such a fair and competent degree of skill, care, and diligence to accomplish the purpose for which he is employed; and, if he fail to do so in any of these respects, he is said to be guilty of *malpraxis*—inasmuch as he has led the public to believe that he is able to properly follow his calling, and consequently, that all who

engage him can rely upon his reasonably discharging the duties of the same. It has also been held, that he who offers his services for employment by the public in a special capacity, is bound to possess and exercise a reasonable degree of the skill usually possessed by those who follow such vocation in the same locality, and to use reasonable care and diligence in its application. This rule, which is established in all nations where the common law prevails, relates to all who profess any art requiring special training and skill. By the law of England, any person who deals with the life and health of another is liable for manslaughter, if the death of the patient result from his lack of skill, care, and diligence in his treatment; and also, it appears, for a misdemeanor, for any injury to the patient occasioned by such default, which may not cause loss of life. A person guilty of this offence is also liable to an action for damages for either of these ill-consequences. Before a person can be criminally responsible for malpractice, however, it must be shown that he wilfully and maliciously intended to commit the offence; but this intent, without proof of any deliberate purpose to do injury to his patient, may be inferred from the evidence in the case; and our courts will draw this inference, or permit it to be drawn by the jury, upon proof of reckless or grossly ignorant ill-treatment, endangering life or health.

According to a learned note, in Foster and Finlason's *Reports of Cases*, described at Nisi Prius and at the Crown Side on Circuit, referring to the case of "*Regina v. Noakes*," subsequently noticed, we are informed that it is impossible to define culpable or criminal negligence, or to make a distinction between actionable and criminal negligence intelligible, except by illustrations drawn from actual judicial opinions. It is also exceedingly difficult, if not impossible, to determine what amounts to a reasonable degree of skill, care, and diligence, which physicians and surgeons should exercise in the practice of their profession. As some important observations have been made on these points by experts in forensic medicine, we will mention a few leading representative cases, which have been brought before our law-courts, against licensed and unlicensed medical men, for malpractice, in illustration of what does and what does not amount to this offence.

In his excellent *Medico-Legal Treatise on Malpractice* (third edition, New York, 1871), Mr. Elwell says that, "in large cities and towns, are always found surgeons and physicians of the greatest degree of skill and knowledge. Their pretensions are properly large; they are to be held to a corresponding high degree of responsibility; they contract to do more than the ordinary physician; and they are paid a higher price for what they do—consequently, the contract is more difficult to fulfil. In the smaller towns and country, those who practise medicine and surgery, though often possessing a thorough theoretical knowledge of the highest elements of the profession, do not enjoy so great opportunities of daily observation, when the elementary studies are brought into every-day use, as those who reside in the metropolitan towns; and, though just as well informed in the elements and literature of their profession, they should not be expected to exercise that high degree of skill and practical knowledge possessed by those having greater facilities for performing and witnessing operations, and who are, or may be, constantly observing the various accidents and forms of disease. It will not therefore, as a general thing, require so high a degree of knowledge to bring this class up to the rule of ordinary knowledge and skill, as in places where greater facilities are afforded by which higher professional knowledge is attainable." He then rightly adds, that the operation of occult causes and influences, over which the practitioner has little or no influence, and which no human foresight is able to anticipate, relieves his responsibility to a certain extent. In support of this, he tells us, that, "when a surgeon undertakes to treat a fractured limb, he has not only to apply the known facts and theoretical knowledge of his science, but he must contend with very many powerful and hidden influences—such as want of vital force, habit of life, hereditary diathesis, climate, the mental state, local circumstances, and a thousand other agencies. These latent conditions often render the management of a surgical case difficult, doubtful, and dangerous;

they are all potent causes, frequently having greater influence in the result than all the surgeon may be able to accomplish."

Again, according to Casper and Böcker, the physician, in the treatment of internal diseases, cannot be declared guilty of criminal carelessness for omitting to use any particular remedy, as there is never any upon which all authorities are agreed, and as it is always possible that the patient may recover without the use of such remedy. This uncertainty of remedies extends even to the antidotes recommended for different poisons; and where the antidote produces a favourable effect, it can never be determined with certainty how much of the effect is due to the action of the antidote. Besides, many antidotes have been recommended merely upon theoretical grounds, some of which are known to be actually injurious. But, when it can be proved that there is great probability that the injurious effects of a poison might have been prevented by the use of a particular antidote, the physician is guilty of criminal carelessness if he fail to use it. Casper himself asserts that a physician should be liable to punishment if he entirely depart in a given case from the treatment which the great majority of physicians adopt in his time in these cases, and which a great majority of medical men recommend for the same. Wharton and Stillé, however, state, in answer to this, in their standard treatise upon *Medical Jurisprudence*, 3rd edition, Philadelphia, 1873, that great difficulty might result from such a test. It would be impossible for a medical man to stop to inquire in any particular case what is the practice of the majority of his contemporaries; and, if he should, he has frequently no means of answering the question. These American writers also state that "this principle would also render all homœopaths liable to punishment. Besides, it would be impossible to collect the views of the great majority of authors upon the given case. Many may not have noticed the particular case in point; and much difference of opinion will be found among those who have. Hence, the position now generally accepted is that a physician is not responsible for damages if he act in accordance with the views of his particular school, his patient employing him as belonging to such school."

With regard to ordinary diligence and care which physicians and surgeons are to use in the practice of their profession, this has reference to the state of the patient; and what would be usual care and diligence under certain circumstances, would amount to negligence in others. As the distinction between the various degrees of negligence is far too artificial for any definite and practical application, the general rule is that medical men shall be responsible for such care and diligence in their practice as common sense men of ordinary care and prudence generally exert when they are equally interested in business of the same kind and importance; and physicians and surgeons are not liable for greater responsibility. A very good definition of what constitutes gross negligence, according to law, was mentioned by Mr. Justice Willes in the case of *Regina v. Markuss*, tried before him at the Durham Spring Assizes in 1864, when he said that "gross negligence might be of two kinds: in one sense, when a man, for instance, went hunting, and neglected his patient, who died in consequence. Another sort of gross negligence consisted in rashness when a person was not sufficiently skilled in dealing with dangerous medicines, which should be carefully used, and of the properties of which he was ignorant, or how to administer a proper dose. A person who, with ignorant rashness and without skill in his profession, used such a dangerous medicine, acted with gross negligence. It was not, however, every slip that a man might make that rendered him liable to a criminal investigation. It must be a substantial thing. If a man knew that he was using medicines beyond his knowledge, and was meddling with things above his reach, that was culpable rashness. Negligence might consist in using medicines in the use of which care was required, and of the properties of which the person using them was ignorant. A person who so took a leap in the dark in the administration of medicines was guilty of gross negligence."

The earliest important decision recorded in favour of qualified and

unqualified medical men concerning malpractice, was given by Sir Matthew Hale, whose judgment has for many generations been quoted with authority in all the succeeding decisions upon the subject. This eminent judge stated that, "if a physician gives a person a potion without any intent of doing him any bodily harm, but with intent to cure or prevent a disease, but, contrary to the expectation of the physician, it kills him, this is no homicide, and the like of a surgeon; and I hold their opinion to be erroneous that think, if it be no licensed surgeon or physician that occasions this mischance, then it is a felony—for physics and salves were before licensed physicians; and, therefore, if they be not licensed according to the statutes, they are subject to the penalties in the statutes; but God forbid that any mischance of this kind should make any person not licensed guilty of murder or manslaughter." This decision, so far as it relates to charlatans, has been much shaken by two important decisions. In that of *Rex v. Simpson*, tried at the Lancaster Spring Assizes in 1829, in which the prisoner was indicted for manslaughter, it appeared that the deceased, who was a sailor, had been discharged as cured from the Liverpool Infirmary, after undergoing salivation; and that he was recommended by another patient to go to the prisoner for an emetic, "to get the mercury out of his bones." The prisoner was an old woman living in the place, and occasionally dealt in medicine. She gave the sailor a dose of the solution of corrosive sublimate, which caused his death. The woman said she had received the mixture from a person from Ireland, who had returned thither. Mr. Justice Bailey, who presided at her trial, said: "I take it to be quite clear that, if a person not of medical education in a case where medical aid could be obtained, undertakes to administer medicine which may have a dangerous effect, and thereby causes death, such person is guilty of manslaughter. He may have no evil intention, and may have a good one; but he has no right to hazard the consequence in a case where medical assistance may be obtained. If he does, it is at his peril. It is immaterial whether the person administering the medicine prepares it himself, or gets it of another." So, too, in the case of *Rex v. Webb*, tried before Lord Lyndhurst, Chief Baron of the Exchequer, at the York Summer Assizes in 1834, the prisoner was convicted of manslaughter in causing the death of a patient suffering from small-pox, by administering large doses of Morrison's pills; his lordship remarked that, "where proper medical assistance can be had, and a person totally ignorant of the science of medicine takes upon himself to administer a violent and dangerous remedy to one labouring under disease, and death ensues in consequence of that dangerous remedy having been so administered, then he is guilty of manslaughter.....I shall leave it to the jury to say, first, whether death was occasioned or accelerated by the medicines; and, if they think it was, then I shall tell them, secondly, that the prisoner is guilty of manslaughter if they think that, in so administering the medicine, he acted either with criminal intention or from very gross negligence."

It has been held that, in those instances in which medical and surgical practitioners, whether licensed or not, manifest ignorance, or criminal inattention, or culpable rashness, in the treatment of their patients, they are criminally responsible. Thus, in a case tried at the Lancaster Summer Assizes in 1830, a blacksmith was convicted of manslaughter, for attempting, in a state of intoxication, to deliver a woman, while he was so ignorant of the proper course to adopt, that he totally neglected what was absolutely necessary after the birth of the child, whereby the mother died. In the case also of *Spilling*, tried at the York Spring Assizes in 1838, the prisoner, who was an apothecary and accoucheur, was found guilty of manslaughter for causing the death of a woman by the improper use of the *vectis* or lever during her pregnancy. Mr. Justice Coleridge told the jury that "no man was justified in making use of an instrument, in itself a dangerous one, unless he did so with a proper degree of skill and caution. If the jury thought that in this instance the prisoner had used the instrument with gross want of skill or gross want of caution, and that the deceased had thereby lost her life, it would be their duty to find the prisoner guilty."

In charges of manslaughter for want of care and diligence in medical and surgical practice, the accused persons appear to have been nearly always acquitted in our courts. Thus, in the case of *Regina v. Markuss*, before alluded to, the prisoner, a "herbalist", who was indicted at the Durham Spring Assizes in 1864 for administering an overdose of colchicum-seeds and brandy as a remedy for a cold, which caused gastritis and death, was acquitted. In the case of *Regina v. Noakes*, tried before Chief Justice Erle at the Sussex Spring Assizes in 1866, the prisoner, a chemist and druggist, was found not guilty of manslaughter for causing the death of a person by accidentally pouring aconite into a wrong bottle. It appears that the deceased had for years been in the habit of continually sending for aconite, and but seldom for henbane, to the prisoner, who supplied poisons in bottles of a particular make and colour. On this occasion, the deceased, requiring both aconite and henbane, sent two of his own bottles of ordinary make, one of which bore the label "Henbane, thirty drops at a time". The prisoner, by mistake, put the aconite into the henbane-bottle; and the deceased took a dose of thirty drops, which proved fatal. This learned Chief Justice told the jury that "they could not convict unless there was such a degree of complete negligence as the law meant by the word 'felonious'; and that the case was not sufficiently strong to warrant their finding the prisoner guilty on a charge of felony, but that there might be evidence of negligence in a civil action". A surgeon was also acquitted at a sessions of the Central Criminal Court in 1862, on a charge of manslaughter for occasioning the death of a female patient by negligence, whom he had attended in childbirth. In this case, the Recorder, in charging the grand jury, very aptly observed that "every medical man was of course liable to make a mistake; and he would not be criminally responsible for the consequences, if it should appear that he had exercised reasonable skill and caution; and it was only in the case where a medical man was guilty of gross negligence, or evinced a gross want of knowledge of his profession, that he could be held criminally responsible."

It will be perceived, from what we have stated, that the law of malapraxis is too favourable for quacks and very stringent against legally qualified physicians and surgeons; and therefore, while it tends to increase the number of charlatans, and to thereby further endanger the lives and health of the people of this country, it renders the difficulty of licensed medical men proving their inculpability for the offence, if accused of such before juries, greater than it reasonably should. It is to be hoped, therefore, that statute law will be provided to materially diminish, if not entirely repress, this evil.

ALCOHOL IN WORKHOUSES.

WE refer again to the question of alcohol in workhouses, which is again exciting public interest. A guardian has drawn attention, in the *Times*, to the expenditure on alcohol in various metropolitan workhouses during 1881, and quotes figures of no ordinary significance. He states that, in the workhouses belonging respectively to the Unions of Greenwich, Shoreditch, Camberwell, Wandsworth and Clapham, Whitechapel, Lambeth, and St. George's (2), the alcoholic expenditure for the year was under £10. If we compare these figures with those given in Mr. W. M. Torrens's return for 1869, a marked and astonishing decrease is revealed. In 1869, the expenditure for beer, wine, and spirits was, in these Unions respectively, £951, £818, £909, £785, £603, £1,503, and £2,056. It might almost be doubted whether the statements are accurate, the decrease in the expenditure being so extraordinary as to be well nigh incredible.

An examination of the various Parliamentary and other returns, at different periods, discloses a diversity of practice, with reference to alcohol, for which it is difficult to find a satisfactory reason. In 1869, whisky was consumed in but one metropolitan workhouse, while there was only one in which there appears to have been no consumption of gin. Bermondsey spent £199 for 479 inmates, while Rotherhithe spent £385 for 219, or almost double the expense for less than half the num-

ber. In the provinces, matters were little better. From Lord Derwent's return for 1871, we learn that, while the average charge for alcohol for in-door paupers was in Berkshire £2 14s. per head, in Cornwall it was only 12s. 10d. In Wales, while the average was £4 6s. 5d. in Radnor, it was but 4s. in Carnarvon. There was a similar discrepancy among the out-door poor. In Berks, the average cost for liquor per pauper was £1 13s. 6d., and in Dorset only 10s. 0½d. In Wales, it ranged from 9s. 3½d. to 4d. per head. In Ireland, in 1871, four unions spent nothing at all for alcohol; while, in the remaining unions, the expenditure varied from three farthings per inmate to £1 5s. 10d. Scotland presented the same alcoholic eccentricity—the expenditure reaching from 1s. 2¼d. per case at the one extreme, to £2 8s. 7½d. per case at the other.

The figures given in the *Times*, as applicable to 1881, reveal the similar lack of a definite plan in the administration of alcohol. One union has two workhouses, each with an average of 379 inmates. In the one house, there was an alcoholic expenditure of £4; in the other, of £187. Again, for 1,055 persons at Fulham, £8 sufficed; while, in the City of London, less than half that number, or 437, consumed intoxicants to the value of £794. In St. Marylebone, in 1881, 2,085 inmates cost £1,613 for alcohol; while at St. George's-in-the-West £21 was held to be enough for 1,776. We have reason to believe that, since the opening of the new infirmary for Marylebone at Notting Hill, the charge for alcohol has greatly decreased; and that next year's report will tell a different tale.

What lessons are contradictory returns such as these capable of teaching? One which is often drawn is, that many Poor-law medical officers, and other practitioners, do not prescribe alcohol with that precision which they aim at in the prescription of other powerful medicinal remedies. But, on the other hand, is it not the case that materials do not at present exist on which a definite opinion can yet be formed as to the influence of the careful prescription of alcohol to the sick. One medical officer (Mr. Anderson of Walton) did indeed report that, on trying to do almost entirely without alcohol, he found the mortality of his patients greatly increased, and the period of their convalescence prolonged. But, recently, after an investigation on the spot, the Local Government Board reported that the data were, in their opinion, too incomplete to warrant any opinion whatever. On the other hand, several experienced medical officers have given the non-alcoholic system an extended trial, and have expressed their satisfaction with the result. At Wrexham, St. George's, Hanover Square, Chester, Helston, Barnsley, Longford, Falmouth, and other places, where little or no alcohol has been ordered, there has been observed, it is alleged, among the inmates greater rather than less physical energy, and a more vigorous appetite for food. Though the definition of the true place of alcohol in medicine is by no means so simple a problem as the writer in the *Times* supposes it to be, a great deal of experience has been accumulated in the direction of showing, that the lessening of the quantity of alcohol much below former standards of practice is, to say the least, not likely, under ordinary conditions, to increase the death-rate, or to retard recovery. To the medical officer alone rightly belongs the privilege of ordering alcohol as a medicine; and it behoves him to administer this potent agent with care, as he would other powerful medicines liable to dangerous abuses. The routine administration of stimulants is now fast dying out; and is likely, we think, to disappear the more rapidly, in proportion as the agent is more carefully considered. Alcohol should be prescribed medicinally, as most men are disposed to admit, with deliberation, judgment, and precision.

As to the allowance of beer or other intoxicating drink to healthy paupers, there is, we expect, likely to be a liberal consensus of opinion. A large proportion of the inmates of our workhouses owe their pauperism to drinking. Not a few of them are habitual drunkards, whose only hope of cure is in unconditional abstinence. We are entitled to assume a general opinion that men and women, in ordinary health, have no need of stimulants; and it seems not unreasonable to

suggest that, so long as beer is a part of the dietary of the healthy inmates of a workhouse, so long will their belief in the necessity and importance of alcohol, as a common article of food for healthy persons, be strengthened and confirmed.

DR. ROBERT BARNES has been elected Consulting-Physician to the Chelsea Hospital for Women.

THE library of the Obstetrical Society will be closed from August 14th to September 14th.

THE presidency of the Health Department of the forthcoming congress at Nottingham of the Social Science Association has been accepted by Sir Rutherford Alcock, K.C.B.

NO fewer than twenty grocers at Margate have been summoned during the past week before the magistrates for selling coffee adulterated with chicory. The authorities failed to prove that the adulteration was to the injury of the purchaser, and the prosecution fell through.

A NEW convalescent home for the West of England has been recently opened at Weston-super-Mare. The building will contain one hundred beds, and has cost over £11,000. A sum of £230 has been contributed towards furnishing the institution.

THE Directors of the Wolverhampton Hospital, by reason of a donation of £1,000, purpose increasing the accommodation for patients in the infectious diseases wards, by providing separate living quarters for the nurses engaged in the infectious departments.

THE office of coroner for South Essex has become vacant by the death of Mr. Charles Carne Lewis, at the advanced age of seventy-four years. The deceased gentleman had held the office of coroner for about fifty years.

AMONGST the ample stores to be sent to Egypt are four steam ice-machines, the use of which will be taught to members of the hospital corps. Every field-hospital will have its ice-box, which will be filled with fresh ice every day.

WE are informed that Surgeon-Major R. W. Jackson, C.B., leaves to-day (Friday) for Egypt, his services having been specially requested by Sir Garnet Wolseley, for the benefit of the commander and his head-quarter staff.

THE death-rate in twenty-eight of the largest English towns last week averaged 19.6 per thousand of their population. Whooping-cough was the most fatally prevalent in Liverpool and Sunderland, measles in Huddersfield, and scarlet fever in Hull. Only two fatal cases of small-pox were recorded in London.

WE are requested to announce that a meeting of Fellows of the Royal College of Surgeons of England will be held in the Assembly Room, Guildhall, Worcester, on Thursday, August 10th, to consider matters affecting the interests of the Fellows generally. The chair will be taken at 1 P.M. by Mr. C. G. Wheelhouse.

IN another part of the JOURNAL, we have referred to the decision of the Army Medical Department not to send out heavy service and ambulance-wagons to Egypt. We learn that light-wheel carriages are to be despatched for transport of equipments only. The sick and wounded will be carried in *cacolets* and litters of the French field-hospital type.

DURING the last eight years as many as 78 children have died in Sunderland from syphilis. These deaths, however, can hardly represent the numbers who have died from the disease; since, as Mr. Harris

in his report on the borough observes, medical men are often placed in a serious difficulty when giving a death-certificate to parents whose child has died of syphilis, lest in ascribing the death to the proper cause they should be the means of causing a life-long feud, and of making the innocent suffer with the guilty.

THE marble bust of the late Mr. Frank Buckland, which was publicly subscribed for and formally presented to the authorities at South Kensington in May last by Prince Christian, on behalf of the subscribers to "the Buckland Memorial Fund", has now been placed in its permanent position at the entrance to the Fish Museum, South Kensington. The work has been executed by Mr. J. Warrington Wood, of the Villa Campagna, Rome, and forms an appropriate addition to the valuable collection of casts and specimens gathered together by Mr. Buckland, and by him bequeathed to the nation.

BOLTON has recently been visited with a remarkably virulent and fatal outbreak of typhoid fever; and in his last monthly report, Mr. Sergeant, the health-officer, gives a special account of the epidemic. It is probable that the disease was introduced from Galway, and its prevalence in Bolton was confined entirely to two streets. The symptoms were, as a rule, very marked and of the worst character, and the majority of cases terminated fatally with remarkable rapidity. The extreme fatality of the disease is shown by the fact that, out of eleven persons attacked, no fewer than eight succumbed. Mr. Sergeant thinks that the high rate of mortality may be partly attributed to typhoid being introduced amongst people of low vitality, owing to their overcrowded surroundings.

WE publish in another column a retrospective statement of the past action of the Association, of the Registration of Diseases Committee, and of the Parliamentary Bills Committee, on the subject of the registration of disease. We mentioned last week that, in accordance with a request subsequently forwarded from other quarters, arrangements have been made to afford facilities for a full discussion of this subject, which is at the present moment attracting so much interest and attention, at the forthcoming meeting. A sitting of the Public Medicine Section, on Thursday, August 10th, will be especially set aside for that purpose, and it may be expected that a full discussion will then take place; and any resolution which may then be arrived at will, we believe, be set down for discussion on the following day, at the general meeting, when the Association as a body will, in connection with any such resolutions, have an opportunity of expressing again its collective views and wishes on the subject.

SURGEON-MAJOR F. B. SCOTT, of the Army Medical Department, who last week had the honour of being presented to the Queen at Osborne, on his appointment to the staff of His Royal Highness the Duke of Connaught, and who took his departure for Egypt with the Duke and the First Battalion of the Brigade of Guards, in the steamship *Orient*, on the 30th ultimo, is the medical officer who formed one of the suite of the Empress Eugénie, on the occasion of her voyage to South Africa to visit the spot where her son, the Prince Imperial, fell in action with the Zulus.

IN addition to the administrative medical staff, 140 executive medical officers are under orders for Egypt, one for each regiment, battery, company of engineers, Army Service Corps, battalions, etc., in fact every military unit will have one of these executive officers associated with it, whilst seven will be attached to each field hospital. The general permanent hospitals will be supplied with medical officers according to the number of beds. The eight field and two general hospitals, as at present constituted, will afford accommodation for 2,300 sick and wounded. All the hospital appliances are to be sent to Malta, the Gozo Hospital being prepared for the sick and wounded. The hospital at Cyprus is to be reserved for the convalescents.